

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9	/		/				59				
10	/		/				60				
11				/			61				
12				/			62				
13				/			63				
14				/			64				
15				/			65				
16				/			66				
17				/			67				
18				/			68				
19				/			69				
20				/			70				
21				/			71				
22				/			72				
23				/			73				
24				/			74				
25				/			75				
26				/			76				
27				/			77				
28				/			78				
29				/			79				
30				/			80				
31				/			81				
32				/			82				
33				/			83				
34				/			84				
35				/			85				
36				/			86				
37				/			87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			18				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				